



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
23 Judith Basin		0464 Stanford K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	12	1	84	0.95	42	08/20/04	_____	_____
100	12	2	98	0.95	47	08/20/04	_____	_____
100	12	3	96	0.95	41	08/20/04	_____	_____
100	12	4	108	0.95	47	08/20/04	_____	_____



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23 Judith Basin	0469 Hobson K-12 Schools						High School	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	25	2	140	0.95	48	08/17/04	_____	_____
100	25	3	110	0.95	48	08/17/04	_____	_____
100	25	3A	138	0.95	48	08/17/04	_____	_____
100	25	5	124	1.36	66	08/17/04	_____	_____
100	25	6	118	0.95	48	08/25/04	_____	_____



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23 Judith Basin		0471 Raynesford Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	49	1-A	68.4	0.95	24	None		



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23 Judith Basin	0472 Geyser Elem						Elementary	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	58	1 (Thompson)	92	0.95	36	07/21/04	_____	_____
50	58	2 (CRIPPS)	108	0.95	42	07/21/04	_____	_____
50	58	3-RAYNESFORD	129	0.95	48	07/21/04	_____	_____
50	58	4-(B.RILEY)	123	0.95	48	08/24/04	_____	_____
50	58	4-a(B.RILEY)	141.5	0.95	48	08/24/04	_____	_____



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Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	58	1 (Thompson)	92	0.95	36	07/21/04	_____	_____
50	58	2 (CRIPPS)	108	0.95	42	07/21/04	_____	_____
50	58	3-RAYNESFORD	129	0.95	48	07/21/04	_____	_____
50	58	4-(B.RILEY)	123	0.95	48	08/24/04	_____	_____
50	58	4-a(B.RILEY)	141.5	0.95	48	08/24/04	_____	_____